

CLAIMS ONLY						Application Number 10/605490	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2		1				52		
3		1				53		
4		1				54		
5		1				55		
6		1				56		
7	1					57		
8		1				58		
9		1				59		
10		1				60		
11		1				61		
12		1				62		
13		1				63		
14		1				64		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	2					Total Indep		
Total Depend	12					Total Depend		
Total Claims	14					Total Claims		

BEST AVAILABLE COPY